

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ART OLIGER						
STREET ADDRESS 5447 BONDY DR						
CITY ERIE			STATE PA	ZIP CODE 16509 -3012		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/>		ERIE COUNTY EXECUTIVE			REP	MO. DAY YEAR 11 07 2017
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 11 28 17 TO 12 31 17		FOR OFFICE USE ONLY 2018 JAN 18 PM 12:39 KA ERIE COUNTY VOTER REGISTRATION		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ -0- TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -0-				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS 18 DAY OF January 20 18 Kimberly S Alexander SIGNATURE MY COMMISSION EXPIRES 10 31 2019 MO. DAY YR.		SIGNATURE OF PERSON SUBMITTING REPORT ART OLIGER PRINTED NAME 814 323-2486 AREA CODE DAYTIME TELEPHONE NUMBER	

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL

Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires 10/31/2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PART II
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF 20 SIGNATURE MY COMMISSION EXPIRES MO. DAY YR.		SIGNATURE OF CANDIDATE PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER	